



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF PERSONNEL AND TRAINING

Benefits Administrator Memo

#01-02

To: Human Resource Officers  
From: Charles S. Reed  
CC: All OHB  
Date: February 7, 2001  
Re: Mailing List Survey/Update

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We are continuing our efforts to update our benefits administrator mailing lists to ensure that important Health Benefits information reaches every agency. We must rely on you to notify us when there are changes in agency contacts, addresses and the number of full time employees (FTEs).

Attached is a copy of your individual agency's current contact information for both the Correspondence and Materials Listing that we currently have. Please make the necessary changes and return to Renee Hill. A blank form is also enclosed for any additions to our listing. Please note that we are now sending information electronically so don't forget to include your e-mail address if applicable. *If anyone should be deleted from these lists, please include that information with your survey.*

Please submit your responses by **Monday, February 19, 2000**. You may mail, fax or e-mail your response to the following:

Department of Human Resource Management  
Attn: Renee Hill  
Health Benefits Department  
James Monroe Building, 13<sup>th</sup> Floor  
101 North 14<sup>th</sup> Street  
Richmond, VA 23219  
Fax #: (804) 225-2790  
E-mail Address: [rjhill@dhrm.state.va.us](mailto:rjhill@dhrm.state.va.us)

***This form and memo will also be on our Dept. of Human Resource Management's web page at [http://www.dhrm.state.va.us/services/health/num\\_memo/memolst.htm](http://www.dhrm.state.va.us/services/health/num_memo/memolst.htm). Please continue to use this survey form in the future whenever you have changes or corrections that need to be made to our lists. Any questions regarding this memo or survey should be directed to Renee Hill at (804) 225-2170 or by E-mal at the above address.***

We appreciate your assistance and responsiveness in helping us update this listing.

Enclosures

/rjh

## Health Benefits Mailing List Form

*Please Note: If the same contact person should be on both lists, please check both listings as shown in example below. **There should only be one contact for the Administrative mailing list.***

***If you have someone to add to our mailing list, please complete the attached form and return to Renee Hill, OHB no later than Monday, February 19, 2001. Make additional copies of this attached form as needed. Note: Since this is a numbered memo it is also located on DHRM's web page at [http://www.dhrm.state.va.us/services/health/num\\_memo/memolst.htm](http://www.dhrm.state.va.us/services/health/num_memo/memolst.htm).***

☐ Correspondence/E-mail Listing

Please check the appropriate listing for this contact person

☐ Materials Listing

Name of Agency: \_\_\_\_\_

Agency Number: \_\_\_\_\_ Number of FTEs: \_\_\_\_\_

Contact Name: \_\_\_\_\_  
(Please provide full name)

Title: \_\_\_\_\_ Position Number: \_\_\_\_\_  
(If available)

*Mailing Address*

P. O. Box: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Shipping/Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ Extension: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
(If available)